(512) 463-5800

33.

UDICIAL CAN AMPAIGN FI	NANCE REPORT SOURCE SHEET PG 1
ne JC/OH Instruction Guio	E explains how to complete this form. 1 ACCOUNT # (Ethics Commission filers) 2 Total pages filed:
OFFICEHOLDER NAME	TITLE FIRST MI OFFICE USE ONLY GISCIA NICKNAME LAST MI OFFICE USE ONLY Date Received
CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 404 W. 13th St. Austin, Tx. 78701
CAMPAIGN TREASURER NAME	NICKNAME LAST LAST SUFFIX Date Imaged Date Imaged
CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 4811 LANSING 404 St. 78745 AUSTIN TX. 78745
CAMPAIGN . TREASURER PHONE	AREA CODE PHONE NUMBER 477-7749 (\$12) Solit day before election Runoff Runoff Runoff Runoff AREA CODE PHONE NUMBER 477-7749 15th day after campaign treasurer appointment (officaholder only)
	July 15 Sth day before election Exceeded \$500 limit Final report (Attach JC/OH - FR) Month Day Year
9 PERIOD COVERED	Month Day Year THROUGH 2/1/98
10 ELECTION	ELECTION DATE Month Day Year 3 / (0 / 9 % Primary . Runoff General Special
11 OFFICE	OFFICE HELD (if any) Municipal Court Judge Justice of the Regce Prec. 5
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or appro- Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code
	GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

, — -		
4 C/OH NAME	I [™]	JNT # (Ethics Commission filers)
61	Sela Trians This listing includes political expenditures by political committees to support the candidate / off This listing includes political expenditures by political committees to support the candidate / off Candidates and	iceholder. These expenditures
SUPPORTING POLITICAL COMMITTEE(S)	 This listing includes political expenditures by political committees to support the candidate? Our may have been made without the candidate's or officeholder's knowledge or consent. Candidates and report this information only if they receive notice of such expenditures. 	onicerioliders are required to
	COMMITTEE TYPE Committee to Elect Gisela D. Tr	1919
	SPECIFIC COMMITTEE ADDRESS 404 W. 13th St. Avstin, TX.	78701
additional pages	Sharon Hanko COMMITTEE CAMPAIGN TREASURER ADDRESS 404 W. 13th St. Austin, Tx. 78	701
7 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES; LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1995.12
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,825.12
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 28235.81
	4. TOTAL POLITICAL EXPENDITURES	\$ 1974.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8850.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1315.08
18 AFFIDAVIT	I swear, or affirm, under penalty of perju	ury, that the accompanying repo

is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _

to certify which, witness my hand and seal of office.

Print name of officer administering oath

BRENDA HERHANDEZ

NOTARY PUBLIC

State of Texas Comm. Exp. 11-14-98

Title of officer administering

Texas Ethics Commission

 $v_i = v_i$

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

O	AN PLEDGES SIT LOTH			
The Instruction Guide	explains how to complete this form.		1 Total pages Schedu	ule A(J): 14
			3 ACCOUNT # (Ethic	s Commission filers)
FILER NAME	· .	1		
(sisela Triana		7 Amount of	8 In-kind contribution
Date 5 Fu	ill name of contributor	out of state PAC	contribution (\$)	description(if applicable)
	James Parsons		į	:
/26 6 C	ontributor address; City; State; Zip Code		300.00	
ρ_0	Box 26064 Austin, Tx. 78			
Contributor's principa	al occupation	10 Contributor's job	title	
Contributors brancib	1++4.	Atty.		
Contributor's employ	er/law firm	12 Law firm of conti	ributor's spouse (if a	ny)
State of	1x. / Atty. General's Office	NA		
3. If contributor is a ch	ld, law firm of parent(s) (if any)			
N/A				In-kind contribution
Date F	full name of contributor	out of state PAC	Amount of contribution (\$)	description(if applicable)
) 1
	Ontributor address; City; State; Zip Code			
1/20	Contributor address; City; State; Zip Code	Austin, Tx.	100.00	1
1/26	8127 Mesa Dr. # B.206			<u> </u>
	- Alica	Contributor's joi	b title	
Contributor's princip	oal occupation			
	T C .	Law firm of con	tributor's spouse (if	any)
Contributor's emplo	yernay titii			
· · · · · · · · · · · · · · · · · · ·	nild, law firm of parent(s) (if any)			
It contributor is a c	mo, iou			In-kind contribution
Cale	Full name of contributor	out of state PAC	Amount of contribution (\$)	description(if applicable
Date			30,,,,,	}
1/20	Jim Cousav Contributor address; City; State; Zip Cod	e	100.00	
		1 T. 70701		
1/26	98 San Jacinto Blud. Aus	1712, 18, 10 10		
				1
Contributor's prince		Contributor's j	ob title	
Contributor's princ	ipal occupation	Contributor's j		f any)
Contributor's prince	ipal occupation loyer/law firm	Contributor's j	ob title	f any)
Contributor's prince	ipal occupation	Contributor's j	ob title	f any)

SCHEDULE A (J)

The Instruction	אס Guide explains how to complete this form.		1 Total pages Sched	19
FILER NAM	le Coisela Triana		3 ACCOUNT # (Ethic	
Date	5 Full name of Commons.	out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
/26	Ogniel Gustafson 6 Contributor address; City; State; Zip Code 3605 Edgement Austin, Tx.	78731	100.00	
Contributor's	principal occupation	10 Contributor's Job	title	
A	s employer/law firm	12 Law firm of cont	ributor's spouse (if a	ny)
If contribute	Self r is a child, law firm of parent(s) (if any)	<u> </u>		
Date		out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
1/26	Contributor address: City; State; Zip Code 1012 Rio Grande Avs	1, Tx. 78701	100.00	
Contributor	's principal occupation	Contributor's jo	b title	
Contributor	r's employer/law firm	Law firm of cor	ntributor's spouse (if	any)
If contribut	or is a child, law firm of parent(s) (if any)			
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable
	Miguel Alverez Contributor address; City; State; Zip Cod		500.00	Food for Fundraiser
1/29	415 Colorado Austin. Tx. 787			
	- included a second stop	Contributor's j		
Contribute		Contributor's j		f any)

POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LOANS	(JUDICIAL)

SCHEDULE A	L) 4	I)
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The Instructi	ON GUIDE explains how to complete this form.		1 Total pages Schedul	14
FILER NAM	Gisela Triana		3 ACCOUNT # (Ethics	
Date	5 Full name of contributor	Out of state PAC	7 Amount of 8 contribution (\$)	In-kind contribution description(if applicable)
1/20	Kurt Saver 6 Contributor address: City: State: Zip C		150.00	:
Contributor's	s principal occupation	10 Contributor's joi	b title	
Contributor	s employer/Jaw firm	12 Law firm of con	tributor's spouse (if any	y)
3 If contribute	r is a child, law firm of parent(s) (if any)			
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
1/29	Marie O'Shaughnessy Contributor address; City; State; Zip 4300 Couern Springs Rd. Aus	Code	65.00	
Contributor	's principal occupation	Contributor's jo	ob title	
Contributo	Retired rs employer/law firm	Law firm of co	ntributor's spouse (if ar	(ער
If contribut	or is a child, law firm of parent(s) (if any)			
Date	Full name of contributor Tony Sings	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
1/29	Contributor address; City; State; Zip	Code	250.00	
Contributo	or's principal occupation	Contributor's		
Contribute	or's employer/law firm University - f Texas	Law firm of c	ontributor's spouse (if a	any)
14 annteibu	ator is a child, law firm of parent(s) (if any)			

SCHEDULE A (J)

(512) 463-5800

Gisely Iriana 4 Date 5 Full name of contributor					
Contributor's employer/law firm Contributor Contributor's principal occupation Contributor's principal occupation Contributor's employer/law firm Contributor's principal occupation Contributor's employer/law firm Contributor Contr	The Instruction	Guide explains how to complete this form.		1 Total pages Schedu	ule A(J):
Date 5 Full name of contributor Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Contributor's poblication Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Contributor Contributor's principal occupation	FILER NAME	Gisela Triana		3 ACCOUNT# (Ethic	es Commission filers)
12 Law firm of contributor's spouse (if any) 13 If contributor's employer/law firm Self 13 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Contributor address; City, State; Zip Code 78209 384 Tree (Ins fark #	11	5 Full name of contributor Jack Roberts 6 Contributor address; City; State; Zip Code	Austra, Tx.	contribution (\$)	8 In-kind contribution description(if applicable)
11 Contributor's employer/law firm Self 13 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out of state PAC Amount of contribution (\$) In-kind contribution (\$) description(if applicabed to the pack of the	9 Contributor's p	principal occupation	10 Contributor's job	title	
Date		employer/law firm	12 Law firm of cont	ributor's spouse (if ar	ny)
Date Full name of contributor Elizabeth Davidson Contributor address: City: State: Zip Code 78209 384 Tree (Ine Park # IIII San Anderio, TX. Contributor's principal occupation Owner/Office Equip. Supply Contributor's employer/law firm Date Full name of contributor Date Full name of contributor Contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Contributor is a child, law firm of parent(s) (if any) Contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Contributor address: City: State: Zip Code	13 If contributor is	<u> </u>			
Contributor's employer/law firm Contributor is a child, law firm of contributor Date Full name of contributor Contributor address; Contributor addres	1/	Elizabeth Davidson Contributor address; City; State; Zip Code	78709	contribution (\$)	description(if applicable)
Date Full name of contributor Out of state PAC Amount of contribution (\$) In-kind contribution (contribution (s) description(if applicate to the page of	Contributor's	employer/law firm			iny)
Date Full name of contributor William White Contributor address; City; State; Zip Code GOS W. 12th St. Austin, Tx. 78701 GOS W. 12th St. Austin, Tx. 78701					
Contributor's principal occupation Contributor's job title	Date 1/29	Contributor address; City; State; Zip Code	······································	contribution (\$)	In-kind contribution description(if applicable)
1 / 1 to 1	Contributor's	principal occupation	Contributor's jo	b title	
Contributor's employer/law firm Se {	Contributor's		Law firm of cor	ntributor's spouse (if	any)
If contributor is a child, law firm of parent(s) (if any)	If contributor				

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Sched	lule A(J):
FILER NAME Gisels Triana		3 ACCOUNT# (Ethi	cs Commission filers)
	out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
Williams Forsy the 6 Contributor address: City: State: Zip Code 1/29 1/00 West Ave. Austra, Tx.		500.00	
Contributor's principal occupation	10 Contributor's job	title	
Law firm 11 Contributor's employer/law firm	12 Law firm of cont	ributor's spouse (if a	iny)
13 If contributor is a child, law firm of parent(s) (if any)			
Date Pull hame of Comments	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Burrell Johnston. Contributor address; City; State; Zip Code 1108 Nucces Austin, Tx. 79	(701	200.00	[
Contributor's principal occupation	Contributor's joi	o title	
Contributor's employer/law firm	Law firm of con	tributor's spouse (if	any)
If contributor is a child, law firm of parent(s) (if any)			
Minton Burton Foster Collin	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code		1,000.00	
Contributor's principal occupation	Contributor's jo	ob title	
Contributor's employer/law firm	Law firm of co	ntributor's spouse (ii	fany)
If contributor is a child, law firm of parent(s) (if any)			

P.O. Box 12070

SCHEDULE A (J)

The Instruction	N Guide explains how to complete this form.		Total pages Schedule	
			3 ACCOUNT# (Ethics	Commission filers)
FILER NAME	Gisela Triana			
Date		out of state PAC	7 Amount of 18 contribution (\$)	In-kind contribution description(if applicable)
1/29	Fitzgerald ! Meissner, P. 6 Contributor address; City; State; Zip Code 612 San Antonio Ste. 400 A	lustin, 1>. 7876	100.00	
Contributor's	principal occupation	10 Contributor's Job	title	
<u></u>	aw tirn	12 Law firm of contri	butor's spouse (if any	/)
Contributor's	employer/law firm			
3 If contributor	is a child, law firm of parent(s) (if any)		•	
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
1/27	Scott Douglass, McConnic Contributor address: City: State: Zip Code 600 Congress 15th floor Austin,	5	[00.00	
	s principal occupation	Contributor's job	title	
Contributors	42 fra		ibutede spouse (if at	1V)
Contributor	s employer/law firm	Law firm of cont	ributor's spouse (if ar	
If contributo	r is a child, law firm of parent(s) (if any)			
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable
1/29	Minter, Juseph : Thornhill Contributor address: City: State: Zip Con 811 Barton Springs Rd.	P.C. de Austin,7x.78704 Suite 800	100.00	
Contributor	's principal occupation	Contributor's jo	b title	
	Lan firm	Law firm of cor	ntributor's spouse (if a	any)
Contributor	r's employer/law firm			
	or is a child, law firm of parent(s) (if any)			

SCHEDULE A (J)

(512) 463-5800

Official traditions			
The Instruction Guide explains how to complete this form.		1 Total pages Sche	dule A(J):
		3 ACCOUNT # (Eth	ics Commission filers)
FILER NAME Gisela Trigna			Asib Air
Date 5 Full name of contributor	out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
James Parsons 6 Contributor address; City; State; Zip Code P.O. Box 26064 Austin, Tx.	74755	300.00	
Contributor's principal occupation	10 Contributor's job	title	
Atty:	12 Law firm of cont	ributor's spouse (if	any)
11 Contributor's employer/law firm State of Texas/Attorney General			
13 If contributor is a child, law firm of parent(s) (if any)			
		Amount of	In-kind contribution
Date Full name of contributor	out of state PAC	Amount of contribution (\$)	description(if applicable)
Ontributor address; City; State; Zip Code 3110 Iron Stanc Ln. San Antonio		1,000.00	
Contributor's principal occupation	Contributor's jo	b title	
Doctor	M.O.		
Contributor's employer/law firm	Law firm of con	tributor's spouse (if	any)
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Mary Wilkou Contributor address; City; State; Zip Cod 8/2 San Antonia Austra, Tx.		100.00	
Contributor's principal occupation	Contributor's jo	ob title	
Contributor's employer/law firm	Law firm of co	ntributor's spouse (i	if any)
Self			
If contributor is a child, law firm of parent(s) (if any)			

Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

	THAN PLEDGES ON LOAN		1 Total pages Sched	tule A(J):
The Instruction	N Guide explains how to complete this form.			
FILER NAMI	E		3 ACCOUNT # (Ethic	es Commission filers)
	Cisela ciam		<u> </u>	
Date	5 Full name of contributor	out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
• 1	Robertson: Robertson Att 195:	at Law	i	
1/27	6 Contributor address; City; State; Zip Code		100.00	
/	P.O. Box 684486 Austin, IX. 787	68		
9 Contributor's	principal occupation	10 Contributor's job		
11 Contributor's	employer/law firm	12 Law firm of contr	ributor's spouse (if a	iny)
13 If contributor	is a child, law firm of parent(s) (if any)			
		out of state PAC	Amount of	In-kind contribution
Date	Full figure of contribution =	_	contribution (\$)	description(if applicable)
1	Randall Howry Contributor address; City; State; Zip Code			ļ
1/28	Contributor address; City; State; Zip Code		250.00	Ì
1/10	1900 Penel St. Austin, Tx.	18705	230.00	
Contributor's	s principal occupation	Contributor's job	b title	· · · · · · · · · · · · · · · · · · ·
	Atty		ntributor's spouse (if	anv)
He	s employer/law firm	Law min or so		
If contributo	r is a child, law firm of parent(s) (if any)			
Date	Full figure of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
1/29	Ramon L. Carrasquille Contributor address; City; State; Zip Code		150.00	
	3011 Hatley Dr. Austin, Tx. 79	8746		
Contributor	's principal occupation	Contributor's jo		
	r's employer/law firm		ntributor's spouse (if	any)
14 exptribute	or is a child, law firm of parent(s) (if any)	<u></u>		
If contribute	or is a child, law little of parameter, the			
<u> </u>				

POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE A (J)

OTHER	THAN PLEDGES OR LOAN	S (JUDICIA	AL)	
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Sched	iule A(J):
			3 ACCOUNT# (Ethi	cs Commission filers)
FILER NAM	Gisela Triana			
		7	7 Amount of	8 In-kind contribution
4 Date	D Full tratile of bourtrages	out of state PAC	contribution (\$)	description(if applicable)
	Transfer W. Rogers		i	
1/	Timethy W. Regers 6 Contributor address; City; State; Zip Code		295.00	
1/26	6 Contributor address, Oily, Clare,		12,00	
120	604 Elmwood Cn. No. 6 Austin			
9 Contributor's	s principal occupation	10 Contributor's job	title	
9 00:11:12:10:1	Software Development : Sales	Account 6	Xec v71 VC	
11 Contributor's	employer/law firm	12 Law firm of con	tributor's spouse (if a	iny)
[Big Byte Media	<u> </u>		
13 if contributor	r is a child, law firm of parent(s) (if any)			
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Dato	J. R. Gonzales		COMMIDATION (4)	1
, /			·	
1/29	Contributor address; City; State; Zip Code		100.00	
12"	313 Short St. Austra, Tx. 78	3748		l 1
Contributor	's principal occupation	Contributor's jo	ob title	•
Quines	Public Relations Firm			
Contributor	's employer/law firm	Law firm of cor	ntributor's spouse (if	any)
JRG	Communications			
If contribute	or is a child, law firm of parent(s) (if any)			
		out of state PAC	Amount of	In-kind contribution
Date	Full name of contributor	D DOLOI STATE 1 1/10	contribution (\$)	description(if applicable)
1	Jorge Sedeno			1
1/	Contributor address; City; State; Zip Cod	e	200.00	1
1/29		74771	6-	
. <i> </i>	5306 Turtuga Trail Austin. Tx.	10/21		
		Contributor's i	job title	
Contributo	r's principal occupation	Marage		
Ivino	r's employer/law firm	Law firm of co	ontributor's spouse (if	any)
Contributo	of the stern Ball			
If contribut	tor is a child, law firm of parent(s) (if any)	·		
, contribut				

Austin, Texas 78711-2070

POLITICAL	CONTRIBUTI	ONS	
OTHER THA	AN PLEDGES	OR LOANS	(JUDICIAL)

SCHEDULE A (J)

1-800-325-8506

	The Instruction	Guide explains how to complete this form.		1 Total pages Sched	lule A(J):
_	EU EO NAME			3 ACCOUNT # (Ethi	cs Commission filers)
2	FILER NAME	Gisela Triana			
4	Date	5 Full name of contributor	out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	1/29	I Sabel Pernes		100.00	
	127	6 Contributor address: City: State: Zip Code	:	, 	
9	Contributors	rincipal occupation	10 Contributor's job	title	
9	Eve	cotive Assistant	Exerction	re ABBISTANT	
11	Contributor's e	employer/law firm	12 Law firm of conti	ributor's spouse (if a	ny)
	The	Freeman Company s a child, law firm of parent(s) (if any)			
13	If contributor is	a child, law firm of parent(s) (if any)			
	Date	Full name of contributor	out of state PAC	Amount of	In-kind contribution description(if applicable)
		Steve McConnico		contribution (\$)	description(ii applicable)
	1/			1	
	1/2 4	l		150.00	
	12		78701	(30.55	
		600 Congress			<u> </u>
\vdash	Contributor's	principal occupation	Contributor's job	title	
		A+1-1.			
	Contributor's	employer/law firm	Law firm of cont	ributor's spouse (if a	any)
$ldsymbol{ld}}}}}}}}$	Scott,	Pauglas : McConnico	1		
	If contributor i	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor	out of state PAC	Amount of	In-kind contribution description(if applicable)
		Kevin W. Boyd		contribution (\$)	description(ii applicable)
	\ /	Contributor address; City; State; Zip Code		15000	1 .
	1/201	3600 Rivercrest Austin, Tx	78746	150.00	
	/ ~ '	JOUO KIVEICIEST HUSTIA, IX	. 10/16		
⊩	Contributor's	principal occupation	Contributor's join	b title	
	COMMIDATO: 3	Attn			
	Contributor's	employer/law firm	Law firm of con	tributor's spouse (if	any)
	<u></u>	Self	<u> </u>		
	If contributor	is a child, law firm of parent(s) (if any)	_		

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P.O. Box 12070

SCHEDULE A (J)

			,
The Instruction Guide explains how to complete this form.		1 Total pages Schedu	ule A(J):
2 CHED NAME		3 ACCOUNT # (Ethic	s Commission filers)
2 FILER NAME (Sisela Triana			
4 Date 5 Full name of contributor Run de la Rusa	Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code	,.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	60.00	
1304 San Atonia St. # 228			
9 Contributor's principal occupation	10 Contributor's job	title	
11 Contributor's employer/law firm	12 Law firm of cont	ributor's spouse (if ar	ny)
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor	out of state PAC	Amount of contribution (\$)	in-kind contribution description(if applicable)
Sara Wilder Contributor address; City; State; Zip Code 2826 Sm Gabriel Austin,		100.00	
Contributor's principal occupation	Contributor's jol	b title	·
Contributor's employer/law firm Scott, Dougles: McConsico	Law firm of con	tributor's spouse (if a	ny)
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor Sam J. Johnson	ut of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Cod		100.00	
Contributor's principal occupation	Contributor's jo	b title	
Contributor's employer/law firm,	Law firm of cor	ntributor's spouse (if a	nny)
South Wouglas: Malannica			
If contributor is a child, law firm of parent(s) (if any)		<u></u>	

P.O. Box 12070

SCHEDULE A (J)

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POLITICAL CONTRIBUTIONS

SCHEDULE A (J)

(512) 463-5800

The Instruction	ห Guide explains how to complete this form.		1 Total pages Sched	lule A(J):
FILER NAM			3 ACCOUNT# (Ethi	cs Commission filers)
	5 Full name of contributor	out of state PAC	1	8 In-kind contribution
Date	John F. Hickman 6 Contributor address; City; State; Zip	Code	contribution (\$)	description(if applicable)
1 -	3809 Sprowed Springs Rd.	Austin, x, 10 15	1	
Contributor's	principal occupation	10 Contributor's jo	b title Transcedatio	· Consultant
	Transportation Consulting	12 Law firm of cor	ntributor's spouse (if a	ny)
Contributors	employer/law firm Hickman Assoc.		<u></u>	
3 If contributor	is a child, law firm of parent(s) (if any)		•	
0.4	Full name of contributor	Out of state PAC	Amount of	In-kind contribution
Date			contribution (\$)	description(if applicable)
1/25	Jim Sulak Contributor address: City; State; Zip 3605 Windsor Rd. Austin	Code 78703	100.00	
Contributor's	principal occupation	Contributors jo	ob title	<u> </u>
	employer/law firm	Law firm of co	ntributor's spouse (if	any)
Marris	, Craver .: Sulak, Attys at La	,w		
If contributor	is a child, law firm of parent(s) (if any)			
Date	Full name of contributor	ut of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable
1/27	Bob Gregory Contributor address; City; State; Zi P.O. Box 17126 Austin.		250.00	
Contributor	s principal occupation	Contributor's	job title	
	Waste Management Business &	Dunar	ontributor's spouse (if	anyl
			ontributors spouse (if	ALIV)

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Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

1-800-325-8506

Date 5 Full name of contributor General Contribution Contribution Contribution Contribution Contribution Contributor Contrib				
Tiler NAME Cise Triana Cise Triana Tamount of contribution Tamount of contributors principal occupation Tamount of contributors principal occupation Tamount of contributors principal occupation Tamount of contributors Tamount of contributor Tamount of contribution Tamount of contributor Tamount of contribution Tamount of contributi	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Schedule A(J):
Date 5 Full name of contributor Out of state PAC Contributor's spouse (if any)	FILER NAM	E Gisela Triana		3 ACCOUNT # (Ethics Commission filers)
Contributor's principal occupation 10 Contributor's job title	Date	5 Full name of contributor	out of state PAC	
11 Contributor's employer/law firm Contributor's a child, law firm of parent(s) (if any) Date Full name of contributor Contributor's principal occupation Contributor's employer/law firm If contributor is a child, law firm of parent(s) (if any) Law firm of contributor's poblitile Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out of state PAC Amount of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out of state PAC Amount of contribution (\$) In-kind contributor description(if application)	1/30	6 Contributor address; City; State; Zip Code	78703	100.00
Contributor is a child, law firm of parent(s) (if any) Date	Contributor's	principal occupation	10 Contributor's job	title
Date Full name of contributor out of state PAC Amount of contribution (fi application Contributor's principal occupation Contributor's employer/law firm Contributor's employer/law firm Law firm of contributor's spouse (if any)	11 Contributor's	employer/law firm,	12 Law firm of contr	ibutor's spouse (if any)
Contributor's principal occupation Contributor's employer/law firm Contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Full name of contributor Contributor's spincipal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out of state PAC Amount of contribution (\$) In-kind contribution (\$) description(if applied)	13 If contributor	is a child, law firm of parent(s) (if any)		
Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out of state PAC Amount of contribution (\$) description(if applic)	Date	Full name of contributor	out of state PAC	1
Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out of state PAC Amount of contribution (\$) description(if applic)		Contributor address; City; State; Zip Code		
If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out of state PAC Amount of contribution (\$) description(if applic	Contributor's	principal occupation	Contributor's job	title
Date Full name of contributor out of state PAC Amount of contribution (\$) description(if applic	Contributor's	employer/law firm	Law firm of cont	ributor's spouse (if any)
Date Full name of contributor contribution (\$) description(if applic	If contributor	is a child, law firm of parent(s) (if any)		
Contributor address; City; State; Zip Code	Date	Full name of contributor	Out of state PAC	
		Contributor address; City; State; Zip Code		
Contributor's principal occupation Contributor's job title	Contributor's	s principal occupation	Contributor's joi	b title
Contributor's employer/law firm Law firm of contributor's spouse (if any)	Contributor	s employer/law firm	Law firm of con	tributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	If contributo	r is a child, law firm of parent(s) (if any)	_1	

	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800-325-8506
Texas Ethics Commission	P.O. BOX 12070			
LOANS (JUI	DICIAL)		SCHEDUI	LE E (J)

The Instruction Guide explains how to complete this form	n.	1 Total pages So	hedule E(J):
FILER NAME Gisela Triana		3 ACCOUNT#	Ethics Commission filers)
TOTAL OF UNITEMIZED LOANS	S: \$ \$ \$	D D D	\$
Date of loan 1/20	tate; Zip Code		9 Loan Amount (\$) 50.00 10 Interest rate N/A 11 Maturity date N/A
2 Lender's Principal Occupation Atty 4 Lender's Employer/Law Frim Self	15 Law Firm	Job Title Municipal Covers of lender's spouse (if any	of Judse
6 If lender is child, law firm of parent(s) (if any) N/A 7 Description of Collateral none	;		
18 GUARANTOR INFORMATION 19 Name of guarantor	State; Zip Code		21 Amount Guaranteed (\$)
22 Guarantor's Principal Occupation	23 Guaran	tor's Job Title	1
24 Guarantor's Employer/Law Frim	25 Law Fir	m of guarantor's spouse (i	fany)

P.O. Box 12070

	POLITIC EXPEN	DITURES	1		SCHEDULE F
	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sc	hedule F: 3
2	FILER NAME	Gisela Triana		3 ACCOUNT# (Ethics Commission filers)
4	Date	5 Payee name United States Post Or 6 Payee address; City; State; Zip Code	ffice		800.00
8	Purpose of exp	penditure 5 tage	9 ·· Complete if direct expe Candidate / Officeholder :		C/OH •• Office sought / held
	Date 1/22	Payee name Austin Tejano Democra Payee address; City; State; Zip Code P.O. Box 334 Austin. T			Amount (\$)
	Purpose of ex	penditure Advertising	·· Complete if direct expe Candidate / Officeholder		C/OH ··· Office sought / held
	Date	Payee name United States Post Off Payee address; City: State: Zip Code	Fice		96.00
-	Purpose of ex	Stamps	·· Complete if direct exp Candidate / Officeholder		C/OH ·· Office sought / held
	Date 1/23	Payee name Karen Krueger Payee address; City; State; Zip Code 1329 W. Mary Austin, T	- x. 78704		Amount (\$)
	Purpose of ex	nta entry services	 Complete if direct exp Candidate / Officeholder 	name	C/OH ·· Office sought / held
1		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	ICENCO	

Printed on recycled paper

P.O. Box 12070

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F; 3
2 FILER NAME Gisela Triana	3 ACCOUNT # (Ethics Commission filers)
Date 5 Payee name Travis Co. Democratic Party 6 Payee address; City; State; Zip Code 1905 N. Lamar Austin, Tx. 7870	7 Amount (s) 75.00
8 Purpose of expenditure 9 Complete if direct exp Candidate / Officeholder Tickets for filing day dinner	enditure to benefit C/OH •• name Office sought / held
Date Payee name Lesbian Gay Rights Lobby / Calkin Fund Payee address; City, State; Zip Code/ P.O. Box 2579 Austin Tx. 78765	1 100 00
Purpose of expenditure Complete if direct exp Candidate / Officeholder Contribution / Tickets for event	enditure to benefit C/OH •• name Office sought / held
Payee name Home Depot Payee address; City; State; Zip Code S400 Bradie Ln.	240.82
Purpose of expenditure	enditure to benefit C/OH •• name Office sought / held
Date Payee name Furrow's 1/19 Payee address; City; State; Zip Code 4210 S. Congress Austin, Tx. 7874	Amount (\$) 96.56
Purpose of expenditure "Complete if direct exp Candidate / Officeholder Sign materials: Stakes, not 15, etc. ATTACH ADDITIONAL COPIES OF THIS FORM AS N	

I ne instructio	N GUIDE explains how to complete this form.		1 Total pages Schedu	le F: 3
FILER NAM	E Gisela Triana		3 ACCOUNT # (Ethics	Commission filers)
Date	5 Payee name Capital City Av 6 Payee address; City; State; Zip Coo	gus	7	Amount (\$)
2/2	7204 Marywood Circle		3	100.00
Purpose of ex	penditure 1 Advertising	9 Complete if direct expi Candidate / Officeholder		Office sought / held
Date	Payee name Tom Medders Payee address; City; State; Zip Co	de		Amount (\$)
			``	
Purpose of ex	reimbursement for sign delivery	Complete if direct exp. Candidate / Officeholder		Office sought / held
Date	Payee name Payee address; City; State; Zip Co	de		Amount (\$)
Purpose of ex	penditure	Complete if direct exp Candidate / Officeholder		Office sought / held
Date	Payee name Payee address; City; State; Zip Co	ode		Amount (\$)